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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 122

Primary Registration District No. 4201

Registrar's No. _____

39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Garrison

(a) County Republic

(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 79 years

2. USUAL RESIDENCE OF DECEASED: 39

(a) State Missouri (b) County Garrison

(c) City or town Republic MO
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ephraim Broddus Smizer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or face white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Daisy E. Smizer 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 4 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>		<u>17</u>	_____ hr. _____ min.

9. Birthplace Paris Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

12. Name John E. Smizer

13. Birthplace Paris Mo (City, town, or county) (State or foreign country)

14. Maiden name Anna Smith

15. Birthplace Paris Mo (City, town, or county) (State or foreign country)

16. (a) Informant Daisy Smizer

(b) Address Republic Garrison County Mo

17. (a) He Buried (Burial, cremation, or removal) (b) Date thereof Mar 21 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cemetery

18. (a) Signature of funeral director R. E. Whismann (b) Address Republic Mo.

19. (a) 3/22/1943 (Date received local registrar) (b) Thomas Britain (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21 year 1943 hour 1 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from March 10 1943 to March 21 1943; that I last saw him alive on March 21 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to _____

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. R. Deal M.D. (M.D. or other)

Address Republic Mo Date signed 3/22/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1241

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF HEALTH
County Health Office,
County File Number 43-4-29-
Date Filed 4/8/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ^{and} or by E. M. Thurman, Registered ^{Embalmer} Apprentice No. 3687 working under my personal supervision.

Signed R. E. Thurman
Licensed Embalmer No. 503
P. O. Address Republic, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.